

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-025396

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 282 Primary Registration District No. 4424 Registrar's No. 84

STATE FILE NUMBER

FILED JUN 25 1963

1. PLACE OF DEATH a. COUNTY <b>Polk</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Polk</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Humansville, Mo.</b>		c. CITY OR TOWN <b>Fair Play, Mo.</b>	
c. FULL NAME OF (If NOT in hospital, give location) <b>Humansville Hospital</b>		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b <b>1 da</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>Homer none Mitchell</b>			4. DATE OF DEATH Month: <b>June</b> Day: <b>3</b> Year: <b>1963</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-31-1886</b>	9. AGE (last birthday) <b>76</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>
11. BIRTHPLACE (City and state or country) <b>Morrisville, Mo.</b>			12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>		
13a. FATHER'S NAME <b>Stephen Mitchell</b>			13b. MOTHER'S MAIDEN NAME <b>unknown</b>		
14. NAME OF HUSBAND OR WIFE <b>Deceased</b>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>No</b>		
16. SOCIAL SECURITY NO. <b>[redacted]</b>			17. INFORMANT <b>Mrs Stella White, Arcola, Mo.</b>		

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebrovascular Accident</b> Generalized Arteriosclerosis DUE TO (b) <b>[redacted]</b> DUE TO (c) <b>[redacted]</b>		INTERVAL BETWEEN ONSET AND DEATH
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Humansville, Mo.</b>	
20g. DATE OF INJURY <b>2 June 1963</b>		20h. LAST SAW ALIVE ON <b>2 June 1963</b>	
21. I attended the deceased from <b>2 June 1963</b> to <b>3 June 1963</b> and last saw him alive on <b>2 June 1963</b> Death occurred at <b>12:05</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <b>[Signature]</b>	(Degree or title) <b>M.D.</b>	22b. ADDRESS <b>Humansville, Mo.</b>	22c. DATE SIGNED <b>6 June 63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6 -5 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Bethel Cemetery</b>	23d. LOCATION (City, town, or county) <b>Fair Play, Mo.</b>

24. FUNERAL DIRECTOR <b>Berta Butler</b>	ADDRESS <b>Fair Play, Mo.</b>	25. DATE REC'D. BY LOCAL REG. <b>June 20, 1963</b>	26. REGISTRAR'S SIGNATURE <b>Ralph Gordon per J.G.</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Permit received June 4, 1963 J.H.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Paul D Butler

Licensed Embalmer No. 4471

P. O. Address Bolivar, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

South Side, Mo.